



QUARTERLY STATEMENT

AS OF MARCH 31, 2021
OF THE CONDITION AND AFFAIRS OF THE

Medical Associates Health Plan, Inc.

NAIC Group Code	04811	04811	NAIC Company Code	52559	Employer's ID Number	42-1282065
	(Current Period)	(Prior Period)				
Organized under the Laws of	Iowa		State of Domicile or Port of Entry	Iowa		
Country of Domicile	United States					
Licensed as business type:	Life, Accident & Health [] Property/Casualty [] Hospital, Medical & Dental Service or Indemnity [] Dental Service Corporation [] Vision Service Corporation [] Health Maintenance Organization [X] Other [] Is HMO Federally Qualified? Yes [] No [X]					
Incorporated/Organized	08/27/1986	Commenced Business	08/01/1987			
Statutory Home Office	1605 Associates Drive Ste 101			Dubuque, IA, US 52002-2270		
	(Street and Number)			(City or Town, State, Country and Zip Code)		
Main Administrative Office	1605 Associates Drive Ste 101		Dubuque, IA, US 52002-2270		563-556-8070	
	(Street and Number)		(City or Town, State, Country and Zip Code)		(Area Code) (Telephone Number)	
Mail Address	1605 Associates Drive Ste 101		Dubuque, IA, US 52002-2270			
	(Street and Number or P.O. Box)		(City or Town, State, Country and Zip Code)			
Primary Location of Books and Records	1605 Associates Drive Ste 101		Dubuque, IA, US 52002-2270		563-556-8070	
	(Street and Number)		(City or Town, State, Country and Zip Code)		(Area Code) (Telephone Number)	
Internet Web Site Address	www.mahealthcare.com					
Statutory Statement Contact	Jill Mitchell			563-556-8070		
	(Name)			(Area Code) (Telephone Number) (Extension)		
	jmittchell@mahealthcare.com			563-556-5134		
	(E-Mail Address)			(FAX Number)		

OFFICERS

Name	Title	Name	Title
Andrea Ries M.D.	Chairman	Mark Janes M.D.	Vice Chairman
Brad McClimon M.D.	Director		

OTHER OFFICERS

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DIRECTORS OR TRUSTEES

Laurie Garms	Mark Janes M.D.	Andrea Ries M.D.	John O'Connor #
Brad McClimon M.D.	Sarah Loetscher M.D.	Lawrence Kukla #	Jeffrey White D.O.

State of Iowa ss
County of Dubuque

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

Andrea Ries M.D. Chairman	Mark Janes M.D. Vice Chairman	Brad McClimon M.D. Director
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a. Is this an original filing? Yes [X] No []

b. If no:

1. State the amendment number

2. Date filed

3. Number of pages attached

Jean E Bartsch, Executive Assistant
07/18/2021

STATEMENT AS OF MARCH 31, 2021 OF THE Medical Associates Health Plan, Inc.

ASSETS

	Current Statement Date			4 December 31 Prior Year Net Admitted Assets
	1	2	3	
	Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 - 2)	
1. Bonds	26,928,682		26,928,682	23,585,445
2. Stocks:				
2.1 Preferred stocks			0	0
2.2 Common stocks	4,807,983		4,807,983	4,513,178
3. Mortgage loans on real estate:				
3.1 First liens			0	0
3.2 Other than first liens			0	0
4. Real estate:				
4.1 Properties occupied by the company (less \$ encumbrances)			0	0
4.2 Properties held for the production of income (less \$ encumbrances)			0	0
4.3 Properties held for sale (less \$ encumbrances)			0	0
5. Cash (\$15,501,526), cash equivalents (\$1,021,457) and short-term investments (\$0)	16,522,983		16,522,983	12,663,039
6. Contract loans (including \$premium notes)			0	0
7. Derivatives	0		0	0
8. Other invested assets	0		0	0
9. Receivables for securities			0	0
10. Securities lending reinvested collateral assets			0	0
11. Aggregate write-ins for invested assets	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11)	48,259,648	0	48,259,648	40,761,662
13. Title plants less \$charged off (for Title insurers only)			0	0
14. Investment income due and accrued	266,915		266,915	228,415
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	78,881		78,881	128,390
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$earned but unbilled premiums)			0	0
15.3 Accrued retrospective premiums (\$) and contracts subject to redetermination (\$)	812,776		812,776	812,776
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers			0	0
16.2 Funds held by or deposited with reinsured companies			0	0
16.3 Other amounts receivable under reinsurance contracts			0	0
17. Amounts receivable relating to uninsured plans	2,994,400		2,994,400	2,994,400
18.1 Current federal and foreign income tax recoverable and interest thereon			0	0
18.2 Net deferred tax asset	921,500	1,500	920,000	997,300
19. Guaranty funds receivable or on deposit			0	0
20. Electronic data processing equipment and software	138,320	94,692	43,628	48,357
21. Furniture and equipment, including health care delivery assets (\$)	26,755	26,755	0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates			0	0
23. Receivables from parent, subsidiaries and affiliates	432,889		432,889	186,265
24. Health care (\$) and other amounts receivable	1,490,100	745,050	745,050	745,050
25. Aggregate write-ins for other-than-invested assets	693,696	666,411	27,285	35,515
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	56,115,880	1,534,408	54,581,472	46,938,130
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			0	0
28. Total (Lines 26 and 27)	56,115,880	1,534,408	54,581,472	46,938,130
DETAILS OF WRITE-INS				
1101.			0	0
1102.			0	0
1103.			0	0
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)	0	0	0	0
2501. Other assets non-admitted	666,411	666,411	0	0
2502. Premium tax receivable			0	0
2503. Accounts Receivable - Misc	27,285		27,285	35,515
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	693,696	666,411	27,285	35,515

LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ reinsurance ceded).....	9,938,000	258,000	10,196,000	7,717,800
2. Accrued medical incentive pool and bonus amounts	3,479,398		3,479,398	2,449,797
3. Unpaid claims adjustment expenses	145,000		145,000	145,000
4. Aggregate health policy reserves including the liability of \$ for medical loss ratio rebate per the Public Health Service Act			0	0
5. Aggregate life policy reserves			0	0
6. Property/casualty unearned premium reserve			0	0
7. Aggregate health claim reserves			0	0
8. Premiums received in advance	1,125,066		1,125,066	1,136,869
9. General expenses due or accrued	1,466,651		1,466,651	1,762,226
10.1 Current federal and foreign income tax payable and interest thereon (including \$ on realized gains (losses))	1,497,481		1,497,481	335,000
10.2 Net deferred tax liability.....			0	0
11. Ceded reinsurance premiums payable			0	0
12. Amounts withheld or retained for the account of others			0	0
13. Remittances and items not allocated			0	0
14. Borrowed money (including \$ current) and interest thereon \$ (including \$ current)			0	0
15. Amounts due to parent, subsidiaries and affiliates	4,140,572		4,140,572	3,978,612
16. Derivatives.....			0	0
17. Payable for securities			0	11,931
18. Payable for securities lending			0	0
19. Funds held under reinsurance treaties (with \$ authorized reinsurers, \$ unauthorized reinsurers and \$ certified reinsurers)			0	0
20. Reinsurance in unauthorized and certified (\$) companies			0	0
21. Net adjustments in assets and liabilities due to foreign exchange rates			0	0
22. Liability for amounts held under uninsured plans			0	0
23. Aggregate write-ins for other liabilities (including \$ current)	822,928	0	822,928	822,928
24. Total liabilities (Lines 1 to 23).....	22,615,096	258,000	22,873,096	18,360,163
25. Aggregate write-ins for special surplus funds	XXX	XXX	0	0
26. Common capital stock	XXX	XXX	605,000	605,000
27. Preferred capital stock	XXX	XXX		0
28. Gross paid in and contributed surplus	XXX	XXX		0
29. Surplus notes	XXX	XXX		0
30. Aggregate write-ins for other-than-special surplus funds	XXX	XXX	1,500,000	1,500,000
31. Unassigned funds (surplus)	XXX	XXX	29,603,376	26,472,967
32. Less treasury stock, at cost:				
32.1 shares common (value included in Line 26 \$)	XXX	XXX		0
32.2 shares preferred (value included in Line 27 \$)	XXX	XXX		0
33. Total capital and surplus (Lines 25 to 31 minus Line 32)	XXX	XXX	31,708,376	28,577,967
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	54,581,472	46,938,130
DETAILS OF WRITE-INS				
2301. Risk Adjustment payable - IL.....	822,928		822,928	822,928
2302.			0	0
2303.				
2398. Summary of remaining write-ins for Line 23 from overflow page	0	0	0	0
2399. Totals (Lines 2301 through 2303 plus 2398) (Line 23 above)	822,928	0	822,928	822,928
2501. Health Insurer Tax.....	XXX	XXX		0
2502.	XXX	XXX		0
2503.	XXX	XXX		0
2598. Summary of remaining write-ins for Line 25 from overflow page	XXX	XXX	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	XXX	XXX	0	0
3001. Contingency Reserve.....	XXX	XXX	1,500,000	1,500,000
3002.	XXX	XXX		0
3003.	XXX	XXX		0
3098. Summary of remaining write-ins for Line 30 from overflow page	XXX	XXX	0	0
3099. Totals (Lines 3001 through 3003 plus 3098) (Line 30 above)	XXX	XXX	1,500,000	1,500,000

STATEMENT OF REVENUE AND EXPENSES

	Current Year To Date		Prior Year To Date	Prior Year Ended December 31
	1 Uncovered	2 Total	3 Total	4 Total
1. Member Months.....	XXX	80,303	77,967	313,117
2. Net premium income (including \$ non-health premium income).....	XXX	24,412,412	23,301,413	94,432,843
3. Change in unearned premium reserves and reserve for rate credits	XXX		0	0
4. Fee-for-service (net of \$ medical expenses)	XXX	1,426,553	979,730	6,473,090
5. Risk revenue	XXX		0	0
6. Aggregate write-ins for other health care related revenues	XXX	0	0	0
7. Aggregate write-ins for other non-health revenues	XXX	0	0	0
8. Total revenues (Lines 2 to 7)	XXX	25,838,965	24,281,143	100,905,933
Hospital and Medical:				
9. Hospital/medical benefits		15,959,625	10,626,875	41,404,920
10. Other professional services			0	0
11. Outside referrals			3,894,586	13,357,172
12. Emergency room and out-of-area			2,996,516	10,035,622
13. Prescription drugs		1,457,283	1,409,000	5,645,772
14. Aggregate write-ins for other hospital and medical.....	0	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts.....		2,366,982	2,098,600	8,460,471
16. Subtotal (Lines 9 to 15)	0	19,783,890	21,025,577	78,903,957
Less:				
17. Net reinsurance recoveries		197	355,700	899,275
18. Total hospital and medical (Lines 16 minus 17)	0	19,783,693	20,669,877	78,004,682
19. Non-health claims (net).....			0	0
20. Claims adjustment expenses, including \$ 223,777 cost containment expenses.....		818,102	805,531	3,256,253
21. General administrative expenses.....		2,110,530	2,269,777	10,301,649
22. Increase in reserves for life and accident and health contracts (including \$ increase in reserves for life only).....			0	0
23. Total underwriting deductions (Lines 18 through 22)	0	22,712,325	23,745,185	91,562,584
24. Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	3,126,640	535,958	9,343,349
25. Net investment income earned		196,990	240,861	861,511
26. Net realized capital gains (losses) less capital gains tax of \$		10,483	49,678	177,730
27. Net investment gains (losses) (Lines 25 plus 26)	0	207,473	290,539	1,039,241
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$ 2,036) (amount charged off \$ 4,453)]		(2,417)	(5,697)	(17,776)
29. Aggregate write-ins for other income or expenses	0	57,813	(229,700)	(649,465)
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29)	XXX	3,389,509	591,100	9,715,349
31. Federal and foreign income taxes incurred	XXX	545,209	181,730	2,447,800
32. Net income (loss) (Lines 30 minus 31)	XXX	2,844,300	409,370	7,267,549
DETAILS OF WRITE-INS				
0601.	XXX		0	0
0602.	XXX		0	0
0603.	XXX		0	0
0698. Summary of remaining write-ins for Line 6 from overflow page	XXX	0	0	0
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)	XXX	0	0	0
0701.	XXX		0	0
0702.	XXX		0	0
0703.	XXX		0	0
0798. Summary of remaining write-ins for Line 7 from overflow page	XXX	0	0	0
0799. Totals (Lines 0701 through 0703 plus 0798) (Line 7 above)	XXX	0	0	0
1401.			0	0
1402.			0	0
1403.			0	0
1498. Summary of remaining write-ins for Line 14 from overflow page	0	0	0	0
1499. Totals (Lines 1401 through 1403 plus 1498) (Line 14 above)	0	0	0	0
2901. Other Revenue.....		57,813	4,050	315,578
2902. Regulatory Penalty.....			0	0
2903. Health Insurer Fee.....			(233,750)	(965,043)
2998. Summary of remaining write-ins for Line 29 from overflow page	0	0	0	0
2999. Totals (Lines 2901 through 2903 plus 2998) (Line 29 above)	0	57,813	(229,700)	(649,465)

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1	2	3
	Current Year To Date	Prior Year To Date	Prior Year Ended December 31
CAPITAL & SURPLUS ACCOUNT			
33. Capital and surplus prior reporting year.....	28,577,967	21,753,695	21,753,695
34. Net income or (loss) from Line 32	2,844,300	409,370	7,267,549
35. Change in valuation basis of aggregate policy and claim reserves		0	0
36. Change in net unrealized capital gains (losses) less capital gains tax of \$	294,808	(801,234)	171,744
37. Change in net unrealized foreign exchange capital gain or (loss)		0	0
38. Change in net deferred income tax	(79,700)	51,900	278,400
39. Change in nonadmitted assets	71,000	(277,388)	(593,422)
40. Change in unauthorized and certified reinsurance	0	0	0
41. Change in treasury stock	0	0	0
42. Change in surplus notes	0	0	0
43. Cumulative effect of changes in accounting principles		0	0
44. Capital Changes:			
44.1 Paid in		0	0
44.2 Transferred from surplus (Stock Dividend)		0	0
44.3 Transferred to surplus		0	0
45. Surplus adjustments:			
45.1 Paid in		0	0
45.2 Transferred to capital (Stock Dividend)	0	0	0
45.3 Transferred from capital		0	0
46. Dividends to stockholders		0	(300,000)
47. Aggregate write-ins for gains or (losses) in surplus	1	1	1
48. Net change in capital and surplus (Lines 34 to 47)	3,130,409	(617,351)	6,824,272
49. Capital and surplus end of reporting period (Line 33 plus 48)	31,708,376	21,136,344	28,577,967
DETAILS OF WRITE-INS			
4701. Miscellaneous.....	1	1	1
4702.		0	0
4703.		0	0
4798. Summary of remaining write-ins for Line 47 from overflow page	0	0	0
4799. Totals (Lines 4701 through 4703 plus 4798) (Line 47 above)	1	1	1

CASH FLOW

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
Cash from Operations			
1. Premiums collected net of reinsurance.....	24,450,118	22,043,139	92,759,545
2. Net investment income	200,746	267,538	1,112,169
3. Miscellaneous income	1,426,553	933,980	6,234,140
4. Total (Lines 1 to 3)	26,077,417	23,244,657	100,105,854
5. Benefit and loss related payments	16,275,892	19,819,763	79,445,748
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts	0	0	0
7. Commissions, expenses paid and aggregate write-ins for deductions	3,168,811	2,963,743	14,190,139
8. Dividends paid to policyholders	0	0	0
9. Federal and foreign income taxes paid (recovered) net of \$ tax on capital gains (losses).....	(617,272)	0	1,385,000
10. Total (Lines 5 through 9)	18,827,431	22,783,506	95,020,887
11. Net cash from operations (Line 4 minus Line 10)	7,249,986	461,151	5,084,967
Cash from Investments			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds	2,387,242	671,687	5,508,243
12.2 Stocks	0	104,511	718,038
12.3 Mortgage loans	0	0	0
12.4 Real estate	0	0	0
12.5 Other invested assets	0	0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments	0	0	0
12.7 Miscellaneous proceeds	0	21,906	11,931
12.8 Total investment proceeds (Lines 12.1 to 12.7)	2,387,242	798,103	6,238,211
13. Cost of investments acquired (long-term only):			
13.1 Bonds	5,762,250	1,867,394	5,238,695
13.2 Stocks	0	125,946	1,284,167
13.3 Mortgage loans	0	0	0
13.4 Real estate	0	0	0
13.5 Other invested assets	0	0	0
13.6 Miscellaneous applications	11,931	1	0
13.7 Total investments acquired (Lines 13.1 to 13.6)	5,774,181	1,993,341	6,522,862
14. Net increase (or decrease) in contract loans and premium notes	0	0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)	(3,386,938)	(1,195,237)	(284,651)
Cash from Financing and Miscellaneous Sources			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes	0	0	0
16.2 Capital and paid in surplus, less treasury stock.....	0	0	0
16.3 Borrowed funds	0	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities	0	0	0
16.5 Dividends to stockholders	0	0	300,000
16.6 Other cash provided (applied).....	(3,104)	50,961	914,039
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6).....	(3,104)	50,961	614,039
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS			
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	3,859,944	(683,125)	5,414,355
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year.....	12,663,039	7,248,684	7,248,684
19.2 End of period (Line 18 plus Line 19.1)	16,522,983	6,565,558	12,663,039

STATEMENT AS OF MARCH 31, 2021 OF THE Medical Associates Health Plan, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	26,336	.0	12,777	.0	.0	.0	.0	13,559	.0	.0
2. First Quarter	26,765	.0	12,725	.0	.0	.0	.0	14,040	.0	.0
3. Second Quarter0	.0	.0	.0	.0	.0	.0	.0	.0	.0
4. Third Quarter0	.0	.0	.0	.0	.0	.0	.0	.0	.0
5. Current Year	0									
6. Current Year Member Months	80,303		38,332					41,971		
Total Member Ambulatory Encounters for Period:										
7. Physician	107,470		27,129					80,341		
8. Non-Physician	0									
9. Total	107,470	0	27,129	0	0	0	0	80,341	0	0
10. Hospital Patient Days Incurred	6,722		471					6,251		
11. Number of Inpatient Admissions	909		142					767		
12. Health Premiums Written (a).....	24,562,473		18,848,716					5,713,757		
13. Life Premiums Direct.....	.0									
14. Property/Casualty Premiums Written0									
15. Health Premiums Earned	24,562,473		18,848,716					5,713,757		
16. Property/Casualty Premiums Earned0									
17. Amount Paid for Provision of Health Care Services	18,667,289		13,854,625					4,812,664		
18. Amount Incurred for Provision of Health Care Services	19,783,890		14,617,226					5,166,664		

(a) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$

STATEMENT AS OF MARCH 31, 2021 OF THE Medical Associates Health Plan, Inc.

CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

Aging Analysis of Unpaid Claims						
1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
Claims unpaid (Reported)						
MERCYONE DUBUQUE MEDICAL CENTE.....	396,595	167,638	104,341	8,617	14,661	691,852
UNIVERSITY OF IOWA HOSPITAL.....	171,201	126,069	82,410		13,086	392,766
MARK E HERMANN.....	85,014	69,435	60,009			214,458
FINLEY HOSPITAL.....	68,563	46,704	4,488	595	6,776	127,126
LOYOLA UNIVERSITY MED CTR.....	24			88,723	36	88,783
STONEHILL FRANCISCAN SERVICES.....		78,280	599		2,010	80,889
TRI STATE SURGERY CENTER LLC.....	71,546	3,165	4,768		977	80,456
MERCYONE DBO HOME MEDICAL EQUI.....	58,558	10,561	381	1,912	145	71,557
DUBUQUE EMERG PHYSICIANS.....	50,195	4,266	11,028			65,489
MERCYONE LABORATORY.....	18,624	11,439	10,166	9,867	8,446	58,542
GUTTENBERG MUNICIPAL HOSPITAL.....	32,931	14,686	5,885	798	886	55,186
MERCY MEDICAL CENTER.....	12,511	22,882	3,034	2,261	125	40,813
ANN AND ROBERT H LURIE CHILDRE.....		34,842				34,842
MIDWEST MEDICAL CENTER.....	7,780	23,008	3,047	38	(514)	33,359
ROCKY MOUNTAIN HOLDINGS LLC.....	30,771	2,006				32,777
PARAMOUNT EMS.....	25,702	1,651	2,278			29,631
GENESIS MEDICAL CENTER.....	19,745	5,422	3,289	(1,383)	1,543	28,616
ADRIAN G LETZ.....	28,561					28,561
DELAWARE COUNTY MEMORIAL HOSP.....	1,148	24,602	2,234	409		28,393
MERCYONE DYERSVILLE MEDICAL CE.....	3,642	17,094	2,320	1,066	4,015	28,137
FINLEY HARTIG HOMECARE LLC.....	21,912	1,012	403	125		23,452
MERCYONE NORTH IOWA MEDICAL CE.....	5,073	10,457	153	2,388	2,099	20,170
WELAND CLINICAL LABORATORIES.....	20,115	1,223	35			21,373
JOHN E WHALEN.....	16,321	3,953	1,007	14		21,295
GRETCHEN A HONG.....	15,021	5,627			163	20,811
MERCY RADIOLOGISTS.....	18,263	1,365	792	203	30	20,653
CAREPRO HOME HEALTH AND INFUSI.....	12,208	7,776		99		20,083
PALMER LUTHERAN HEALTH CT.....	1,148		18,774			19,922
DAVID M RINGOLD.....	17,231	1,785				19,016
ROGERS MEMORIAL HOSPITAL.....			17,458	542		18,000
MARK A WALSHAUSER.....	8,047	8,104				16,151
JACKSON COUNTY REGIONAL HEALTH.....	5,537	10,423				15,960
MERCYONE WATERLOO MEDICAL CENT.....	15	1,898	167	13,207	183	15,470
JUSTIN RISMA.....	14,961		131			15,092
MERCYONE ELKADER MEDICAL CENTE.....	5,107	4,140	4,091	942		14,280
CARIS MPI INC.....			13,007			13,007
ROBERT W WESTERMANN.....	12,795					12,795
TAUSEEF A KHAN.....	8,983	3,544			71	12,598
JENNIFER M SCHOPE.....	12,287					12,287
HAWKEYE CARE CENTER OF DUBUQUE.....			11,426	34	747	12,207
MATTHEW J KIRKENDALL.....	11,645	355	72			12,072
HILLARD A SALAS.....	9,924	1,810		38		11,772
BHARAT JENIGIRI.....	11,593	21				11,614
FRANKLIN GENERAL HOSPITAL.....	7,571	3,859	200		(67)	11,563
CHARLES BARNES.....	4,007	3,752	3,687			11,446
SARA N NESLER.....	3,932	6,329	1,050			11,311
HARTIG DRUG COMPANY.....	7	4,378	4,796	1,637		10,818
ERIE COUNTY MEDICAL CTR.....					10,725	10,725
PETER B SAKAS.....	1,668	7,810	900			10,378
MANORCARE HLTH SERVICES INC.....		9,895			105	10,000
0199999 Individually listed claims unpaid.....	1,328,482	763,266	378,426	132,132	66,248	2,668,554
0299999 Aggregate accounts not individually listed-uncovered.....						0
0399999 Aggregate accounts not individually listed-covered.....						0
0499999 Subtotals.....	1,328,482	763,266	378,426	132,132	66,248	2,668,554
0599999 Unreported claims and other claim reserves.....	XXX	XXX	XXX	XXX	XXX	7,527,446

CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

Aging Analysis of Unpaid Claims						
1	2	3	4	5	6	7
Account	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	Total
0699999 Total amounts withheld	XXX	XXX	XXX	XXX	XXX	
0799999 Total claims unpaid	XXX	XXX	XXX	XXX	XXX	10,196,000
0899999 Accrued medical incentive pool and bonus amounts	XXX	XXX	XXX	XXX	XXX	3,479,398

UNDERWRITING AND INVESTMENT EXHIBIT
ANALYSIS OF CLAIMS UNPAID-PRIOR YEAR-NET OF REINSURANCE

Line of Business	Claims Paid Year to Date		Liability End of Current Quarter		5 Claims Incurred in Prior Years (Columns 1 + 3)	6 Estimated Claim Reserve and Claim Liability Dec. 31 of Prior Year
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid Dec. 31 of Prior Year	4 On Claims Incurred During the Year		
1. Comprehensive (hospital and medical)	2,429,982	8,561,766	79,000	5,399,000	2,508,982	4,219,700
2. Medicare Supplement0	.0
3. Dental only0	.0
4. Vision only0	.0
5. Federal Employees Health Benefits Plan0	.0
6. Title XVIII - Medicare	1,484,474	2,462,289	372,000	4,346,000	1,856,474	3,498,100
7. Title XIX - Medicaid0	.0
8. Other health0	.0
9. Health subtotal (Lines 1 to 8).....	3,914,456	11,024,055	451,000	9,745,000	4,365,456	7,717,800
10. Health care receivables (a)0	.0
11. Other non-health0	.0
12. Medical incentive pools and bonus amounts		1,337,380		3,479,398	.0	2,449,797
13. Totals (Lines 9-10+11+12)	3,914,456	12,361,435	451,000	13,224,398	4,365,456	10,167,597

(a) Excludes \$ loans or advances to providers not yet expensed.

Note 1. Summary of Significant Accounting Policies

There are no significant changes since the recent annual statement filing.

Note 2. Accounting Changes and Correction of Errors

There are no significant changes since the recent annual statement filing.

Note 3. Business Combinations and Goodwill

There are no significant changes since the recent annual statement filing.

Note 4. Discontinued Operations

There are no significant changes since the recent annual statement filing.

Note 5. Investments

There are no significant changes since the recent annual statement filing.

Note 6. Joint Ventures, Partnerships and Limited Liability Companies

There are no significant changes since the recent annual statement filing.

Note 7. Investment Income

There are no significant changes since the recent annual statement filing.

Note 8. Derivative Instruments

There are no significant changes since the recent annual statement filing.

Note 9. Income Taxes

There are no significant changes since the recent annual statement filing.

Note 10. Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties

There are no significant changes since the recent annual statement filing.

Note 11. Debt

There are no significant changes since the recent annual statement filing.

Note 12. Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans

There are no significant changes since the recent annual statement filing.

Note 13. Capital and Surplus, Shareholders' Dividend Restrictions and Quasi-Reorganizations

There are no significant changes since the recent annual statement filing.

Note 14. Contingencies

There are no significant changes since the recent annual statement filing.

Note 15. Leases

There are no significant changes since the recent annual statement filing.

Note 16. Information about Financial Instruments with Off-Balance-Sheet Risk and Financial Instruments with Concentrations of Credit Risk

There are no significant changes since the recent annual statement filing.

Note 17. Sale, Transfer and Servicing of Financial Assets and Extinguishment of Liabilities

There are no significant changes since the recent annual statement filing.

Note 18. Gain or Loss to the HMO from Uninsured A&H Plans and the Uninsured Portion of Partially Insured Plans

There are no significant changes since the recent annual statement filing.

Note 19. Direct Premium Written/Produced by Managing General Agents/ Third-Party Administrators

There are no significant changes since the recent annual statement filing.

Note 20. Fair Value Measurements

There are no significant changes since the recent annual statement filing.

Note 21. Other Items

There are no significant changes since the recent annual statement filing.

Note 22. Events Subsequent

There are no significant changes since the recent annual statement filing.

Note 23. Reinsurance

There are no significant changes since the recent annual statement filing.

Note 24. Retrospectively Rated Contracts and Contracts Subject to Redetermination

There are no significant changes since the recent annual statement filing.

Note 25. Change in Incurred Claims

There are no significant changes since the recent annual statement filing.

Note 26. Intercompany Pooling Arrangements

There are no significant changes since the recent annual statement filing.

Note 27. Structured Settlements

There are no significant changes since the recent annual statement filing.

Note 28. Health Care Receivables

There are no significant changes since the recent annual statement filing.

Note 29. Participating Policies

There are no significant changes since the recent annual statement filing.

Note 30. Premium Deficiency Reserves

There are no significant changes since the recent annual statement filing.

Note 31. Anticipated Salvage and Subrogation

There are no significant changes since the recent annual statement filing.

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES
GENERAL

- 1.1

Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act?

Yes ☐ No ☒
- 1.2

If yes, has the report been filed with the domiciliary state?

Yes ☐ No ☐
- 2.1

Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity?

Yes ☐ No ☒
- 2.2

If yes, date of change:
- 3.1

Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer?

Yes ☒ No ☐

If yes, complete Schedule Y, Parts 1 and 1A.
- 3.2

Have there been any substantial changes in the organizational chart since the prior quarter end?

Yes ☐ No ☒
- 3.3

If the response to 3.2 is yes, provide a brief description of those changes.
- 3.4

Is the reporting entity publicly traded or a member of a publicly traded group?

Yes ☐ No ☒
- 3.5

If the response to 3.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group.
- 4.1

Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?

Yes ☐ No ☒

If yes, complete and file the merger history data file with the NAIC.
- 4.2

If yes, provide the name of entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

1	2	3
Name of Entity	NAIC Company Code	State of Domicile

5.

If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved?

Yes ☐ No ☒ NA ☐

If yes, attach an explanation.
- 6.1

State as of what date the latest financial examination of the reporting entity was made or is being made.

12/31/2019
- 6.2

State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released.

12/31/2019
- 6.3

State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date).

09/28/2020
- 6.4

By what department or departments?

State of Iowa, Office of the Commissioner of Insurance.
- 6.5

Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments?

Yes ☐ No ☐ NA ☒
- 6.6

Have all of the recommendations within the latest financial examination report been complied with?

Yes ☒ No ☐ NA ☐
- 7.1

Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period?

Yes ☐ No ☒
- 7.2

If yes, give full information:
- 8.1

Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board?

Yes ☐ No ☒
- 8.2

If response to 8.1 is yes, please identify the name of the bank holding company.
- 8.3

Is the company affiliated with one or more banks, thrifts or securities firms?

Yes ☐ No ☒
- 8.4

If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.]

1	2	3	4	5	6
Affiliate Name	Location (City, State)	FRB	OCC	FDIC	SEC

GENERAL INTERROGATORIES

9.1

Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards?
(a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
(b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
(c) Compliance with applicable governmental laws, rules and regulations;
(d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
(e) Accountability for adherence to the code.

Yes [X] No []

9.11

If the response to 9.1 is No, please explain:
.....

9.2

Has the code of ethics for senior managers been amended?

Yes [] No [X]

9.21

If the response to 9.2 is Yes, provide information related to amendment(s).
.....

9.3

Have any provisions of the code of ethics been waived for any of the specified officers?

Yes [] No [X]

9.31

If the response to 9.3 is Yes, provide the nature of any waiver(s).
.....

FINANCIAL

10.1

Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement?.....

Yes [X] No []

10.2

If yes, indicate any amounts receivable from parent included in the Page 2 amount:.....\$432,889

INVESTMENT

11.1

Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.)

Yes [] No [X]

11.2

If yes, give full and complete information relating thereto:
.....

12.

Amount of real estate and mortgages held in other invested assets in Schedule BA:\$0

13.

Amount of real estate and mortgages held in short-term investments:\$0

14.1

Does the reporting entity have any investments in parent, subsidiaries and affiliates?

Yes [] No [X]

14.2

If yes, please complete the following:

	1	2
	Prior Year-End Book/Adjusted Carrying Value	Current Quarter Book/Adjusted Carrying Value
14.21 Bonds	\$0	\$
14.22 Preferred Stock	\$0	\$
14.23 Common Stock	\$0	\$
14.24 Short-Term Investments	\$0	\$
14.25 Mortgage Loans on Real Estate	\$	\$
14.26 All Other	\$	\$
14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26).....	\$0	\$0
14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above	\$	\$

15.1

Has the reporting entity entered into any hedging transactions reported on Schedule DB?

Yes [] No [X]

15.2

If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes [] No [] NA []

If no, attach a description with this statement.

16

For the reporting entity's security lending program, state the amount of the following as of the current statement date:

16.1

Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2

\$0

16.2

Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2

\$0

16.3

Total payable for securities lending reported on the liability page

\$0

GENERAL INTERROGATORIES

17. Excluding items in Schedule E – Part 3 – Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity’s offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III – General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC *Financial Condition Examiners Handbook*?

Yes [X] No []

17.1 For all agreements that comply with the requirements of the NAIC *Financial Condition Examiners Handbook*, complete the following:

<div>1</div> <div>Name of Custodian(s)</div>	<div>2</div> <div>Custodian Address</div>
FFG Trust.....	Springfield, Illinois.....
Dubuque Bank and Trust Company.....	Dubuque, Iowa.....
Bell Bank.....	Fargo, North Dakota.....

17.2 For all agreements that do not comply with the requirements of the NAIC *Financial Condition Examiners Handbook*, provide the name, location and a complete explanation:

<div>1</div> <div>Name(s)</div>	<div>2</div> <div>Location(s)</div>	<div>3</div> <div>Complete Explanation(s)</div>

17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter?

Yes [] No [X]

17.4 If yes, give full and complete information relating thereto:

<div>1</div> <div>Old Custodian</div>	<div>2</div> <div>New Custodian</div>	<div>3</div> <div>Date of Change</div>	<div>4</div> <div>Reason</div>

17.5 Investment management – Identify all investment advisors, investment managers, broker/dealers, including individuals that have the authority to make investment decisions on behalf of the reporting entity. For assets that are managed internally by employees of the reporting entity, note as such. [“...that have access to the investment accounts”; “...handle securities”]

<div>1</div> <div>Name of Firm or Individual</div>	<div>2</div> <div>Affiliation</div>
.....
.....
.....

17.5097 For those firms/individuals listed in the table for Question 17.5, do any firms/individuals unaffiliated with the reporting entity (i.e., designated with a “U”) manage more than 10% of the reporting entity’s invested assets?

Yes [X] No []

17.5098 For firms/individuals unaffiliated with the reporting entity (i.e., designated with a “U”) listed in the table for Question 17.5, does the total assets under management aggregate to more than 50% of the reporting entity’s invested assets?

Yes [X] No []

17.6 For those firms or individuals listed in the table for 17.5 with an affiliation code of “A” (affiliated) or “U” (unaffiliated), provide the information for the table below.

<div>1</div> <div>Central Registration Depository Number</div>	<div>2</div> <div>Name of Firm or Individual</div>	<div>3</div> <div>Legal Entity Identifier (LEI)</div>	<div>4</div> <div>Registered With</div>	<div>5</div> <div>Investment Management Agreement (IMA) Filed</div>
.....
.....
.....

18.1 Have all the filing requirements of the *Purposes and Procedures Manual of the NAIC Investment Analysis Office* been followed?

Yes [X] No []

18.2 If no, list exceptions:

.....

19. By self-designating 5GI securities, the reporting entity is certifying the following elements for each self-designated 5GI security:

- Documentation necessary to permit a full credit analysis of the security does not exist or an NAIC CRP credit rating for an FE or
- a. PL security is not available.
 - b. Issuer or obligor is current on all contracted interest and principal payments.
 - c. The insurer has an actual expectation of ultimate payment of all contracted interest and principal.

Has the reporting entity self-designated 5GI securities?.....

Yes [] No [X]

20. By self-designating PLGI securities, the reporting entity is certifying the following elements of each self-designated PLGI security:

- a. The security was purchased prior to January 1, 2018.
- b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
The NAIC Designation was derived from the credit rating assigned by an NAIC CRP in its legal capacity as a NRSRO which is shown on a current private letter rating held by the insurer and available for examination by state insurance regulators.
- c. The reporting entity is not permitted to share this credit rating of the PL security with the SVO.

Has the reporting entity self-designated PLGI securities?.....

Yes [] No [X]

GENERAL INTERROGATORIES

21. By assigning FE to a Schedule BA non-registered private fund, the reporting entity is certifying the following elements of each self-designated FE fund:.....
- a. The shares were purchased prior to January 1, 2019.
 - b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
 - c. The security had a public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO prior to January 1, 2019.
 - d. The fund only or predominantly holds bonds in its portfolio.
 - e. The current reported NAIC Designation was derived from the public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO.
 - f. The public credit rating(s) with annual surveillance assigned by an NAIC CRP has not lapsed.

Has the reporting entity assigned FE to Schedule BA non-registered private funds that complied with the above criteria? Yes [] No [X]

GENERAL INTERROGATORIES
PART 2 - HEALTH

1.

Operating Percentages:

1.1 A&H loss percent

82.0 %

1.2 A&H cost containment percent

0.9 %

1.3 A&H expense percent excluding cost containment expenses

0.1 %

2.1 Do you act as a custodian for health savings accounts?

Yes ☐ No ☒

2.2 If yes, please provide the amount of custodial funds held as of the reporting date

\$

2.3 Do you act as an administrator for health savings accounts?

Yes ☐ No ☒

2.4 If yes, please provide the balance of the funds administered as of the reporting date

\$

3.

Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states?

Yes ☒ No ☐

3.1 If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting entity?

Yes ☐ No ☐

STATEMENT AS OF MARCH 31, 2021 OF THE Medical Associates Health Plan, Inc.

SCHEDULE S - CEDED REINSURANCE

Showing All New Reinsurance Treaties - Current Year to Date

[illegible]

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Current Year to Date - Allocated by States and Territories										
States, Etc.	1 Active Status (a)	Direct Business Only								
		2 Accident & Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 CHIP Title XXI	6 Federal Employees Health Benefits Program Premiums	7 Life & Annuity Premiums & Other Considerations	8 Property/ Casualty Premiums	9 Total Columns 2 Through 8	10 Deposit-Type Contracts
1. Alabama	AL	N							.0	
2. Alaska	AK	N							.0	
3. Arizona	AZ	N							.0	
4. Arkansas	AR	N							.0	
5. California	CA	N							.0	
6. Colorado	CO	N							.0	
7. Connecticut	CT	N							.0	
8. Delaware	DE	N							.0	
9. Dist. Columbia	DC	N							.0	
10. Florida	FL	N							.0	
11. Georgia	GA	N							.0	
12. Hawaii	HI	N							.0	
13. Idaho	ID	N							.0	
14. Illinois	IL	L	1,813,324	804,686					2,618,010	
15. Indiana	IN	N							.0	
16. Iowa	IA	L	17,035,392	4,904,955					21,940,347	
17. Kansas	KS	N							.0	
18. Kentucky	KY	N							.0	
19. Louisiana	LA	N							.0	
20. Maine	ME	N							.0	
21. Maryland	MD	N							.0	
22. Massachusetts	MA	N							.0	
23. Michigan	MI	N							.0	
24. Minnesota	MN	N							.0	
25. Mississippi	MS	N							.0	
26. Missouri	MO	N							.0	
27. Montana	MT	N							.0	
28. Nebraska	NE	L	0	4,116					4,116	
29. Nevada	NV	N							.0	
30. New Hampshire	NH	N							.0	
31. New Jersey	NJ	N							.0	
32. New Mexico	NM	N							.0	
33. New York	NY	N							.0	
34. North Carolina	NC	N							.0	
35. North Dakota	ND	N							.0	
36. Ohio	OH	N							.0	
37. Oklahoma	OK	N							.0	
38. Oregon	OR	N							.0	
39. Pennsylvania	PA	N							.0	
40. Rhode Island	RI	N							.0	
41. South Carolina	SC	N							.0	
42. South Dakota	SD	N							.0	
43. Tennessee	TN	N							.0	
44. Texas	TX	N							.0	
45. Utah	UT	N							.0	
46. Vermont	VT	N							.0	
47. Virginia	VA	N							.0	
48. Washington	WA	N							.0	
49. West Virginia	WV	N							.0	
50. Wisconsin	WI	N							.0	
51. Wyoming	WY	N							.0	
52. American Samoa	AS	N							.0	
53. Guam	GU	N							.0	
54. Puerto Rico	PR	N							.0	
55. U.S. Virgin Islands	VI	N							.0	
56. Northern Mariana Islands	MP	N							.0	
57. Canada	CAN	N							.0	
58. Aggregate other alien	OT	XXX	0	0	0	0	0	0	.0	0
59. Subtotal	XXX	18,848,716	5,713,757	0	0	0	0	0	24,562,473	0
60. Reporting entity contributions for Employee Benefit Plans	XXX								.0	
61. Total (Direct Business)	XXX	18,848,716	5,713,757	0	0	0	0	0	24,562,473	0
DETAILS OF WRITE-INS										
58001.	XXX									
58002.	XXX									
58003.	XXX									
58998. Summary of remaining write-ins for Line 58 from overflow page	XXX	0	0	0	0	0	0	0	.0	0
58999. Totals (Lines 58001 through 58003 plus 58998) (Line 58 above)	XXX	0	0	0	0	0	0	0	0	0

(a) Active Status Counts

L – Licensed or Chartered – Licensed insurance carrier or domiciled RRG3 R – Registered – Non-domiciled RRGs0
E – Eligible – Reporting entities eligible or approved to write surplus lines in the state0 Q – Qualified – Qualified or accredited reinsurer0
N – None of the above – Not allowed to write business in the state54

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 - ORGANIZATIONAL CHART

Parent:	
Medical Associates Clinic, P.C.	42-1115442
State of Domicile - IA	
Subsidiaries:	
Medical Associates Health Plan, Inc.	42-1282065
NAIC 52559	
State of Domicile - IA	
Medical Associates Clinic Health Plan of WI	39-1519198
NAIC 95782	
State of Domicile - WI	
A non-profit organization organized by Medical Associates Clinic, P.C.	
Clinic shareholders/employees represent greater than 50% of the HMO	
Preferred Health Choices, LLC	90-0139311
State of Domicile - IA	

16

[illegible]

Asterisk	Explanation

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of **NO** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

Response

1. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?

.....NO.....

Explanation:

Bar Code:

1.



OVERFLOW PAGE FOR WRITE-INS

SCHEDULE A – VERIFICATION

Real Estate

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year0	.0
2. Cost of acquired:		
2.1 Actual cost at time of acquisition0
2.2 Additional investment made after acquisition0
3. Current year change in encumbrances0
4. Total gain (loss) on disposals0
5. Deduct amounts received on disposals0
6. Total foreign exchange change in book/adjusted carrying value0
7. Deduct current year's other-than-temporary impairment recognized0
8. Deduct current year's depreciation0
9. Book/adjusted carrying value at the end of current period (Lines 1+2+3+4-5+6-7-8)0	.0
10. Deduct total nonadmitted amounts0	.0
11. Statement value at end of current period (Line 9 minus Line 10)	0	0

SCHEDULE B – VERIFICATION

Mortgage Loans

	1	2
	Year To Date	Prior Year Ended December 31
1. Book value/recorded investment excluding accrued interest, December 31 of prior year0	.0
2. Cost of acquired:		
2.1 Actual cost at time of acquisition0
2.2 Additional investment made after acquisition0
3. Capitalized deferred interest and other0
4. Accrual of discount0
5. Unrealized valuation increase (decrease)0
6. Total gain (loss) on disposals0
7. Deduct amounts received on disposals0
8. Deduct amortization of premium and mortgage interest points and commitment fees0
9. Total foreign exchange change in book value/recorded investment excluding accrued interest0
10. Deduct current year's other-than-temporary impairment recognized0
11. Book value/recorded investment excluding accrued interest at end of current period (Lines 1+2+3+4+5+6-7-8+9-10)0	.0
12. Total valuation allowance0
13. Subtotal (Line 11 plus Line 12)0	.0
14. Deduct total nonadmitted amounts0	.0
15. Statement value at end of current period (Line 13 minus Line 14)	0	0

SCHEDULE BA – VERIFICATION

Other Long-Term Invested Assets

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year0	.0
2. Cost of acquired:		
2.1 Actual cost at time of acquisition0
2.2 Additional investment made after acquisition0
3. Capitalized deferred interest and other0
4. Accrual of discount0
5. Unrealized valuation increase (decrease)0
6. Total gain (loss) on disposals0
7. Deduct amounts received on disposals0
8. Deduct amortization of premium and depreciation0
9. Total foreign exchange change in book/adjusted carrying value0
10. Deduct current year's other-than-temporary impairment recognized0
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7-8+9-10)0	.0
12. Deduct total nonadmitted amounts0	.0
13. Statement value at end of current period (Line 11 minus Line 12)	0	0

SCHEDULE D – VERIFICATION

Bonds and Stocks

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year	28,098,613	27,605,731
2. Cost of bonds and stocks acquired	5,762,250	6,522,862
3. Accrual of discount	5,170	21,584
4. Unrealized valuation increase (decrease)	294,808	216,344
5. Total gain (loss) on disposals	10,483	224,930
6. Deduct consideration for bonds and stocks disposed of	2,387,242	6,308,339
7. Deduct amortization of premium	47,426	266,558
8. Total foreign exchange change in book/adjusted carrying value0
9. Deduct current year's other-than-temporary impairment recognized0
10. Total investment income recognized as a result of prepayment penalties and/or acceleration fees		82,059
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9+10)	31,736,656	28,098,613
12. Deduct total nonadmitted amounts0	.0
13. Statement value at end of current period (Line 11 minus Line 12)	31,736,656	28,098,613

STATEMENT AS OF MARCH 31, 2021 OF THE Medical Associates Health Plan, Inc.

SCHEDULE D - PART 1B

Showing the Acquisitions, Dispositions and Non-Trading Activity
During the Current Quarter for all Bonds and Preferred Stock by NAIC Designation

NAIC Designation	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
BONDS								
1. NAIC 1 (a).....	17,669,123	5,453,186	1,637,334	(347,583)	21,137,392	0	0	17,669,123
2. NAIC 2 (a).....	5,916,321	309,064	739,425	305,330	5,791,290	0	0	5,916,321
3. NAIC 3 (a).....	0				0	0	0	0
4. NAIC 4 (a).....	0				0	0	0	0
5. NAIC 5 (a).....	0				0	0	0	0
6. NAIC 6 (a).....	0				0	0	0	0
7. Total Bonds	23,585,444	5,762,250	2,376,759	(42,253)	26,928,682	0	0	23,585,444
PREFERRED STOCK								
8. NAIC 1	0				0	0	0	0
9. NAIC 2	0				0	0	0	0
10. NAIC 3	0				0	0	0	0
11. NAIC 4	0				0	0	0	0
12. NAIC 5	0				0	0	0	0
13. NAIC 6	0				0	0	0	0
14. Total Preferred Stock.....	0	0	0	0	0	0	0	0
15. Total Bonds & Preferred Stock	23,585,444	5,762,250	2,376,759	(42,253)	26,928,682	0	0	23,585,444

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of short-term and cash equivalent bonds by NAIC designation: NAIC 1 \$; NAIC 2 \$;
NAIC 3 \$; NAIC 4 \$; NAIC 5 \$; NAIC 6 \$

SCHEDULE DA - PART 1
Short-Term Investments

	1 Book/adjusted Carrying value	2 Prior Year Value	3 Actual Cost	4 Interest Collected Year To Date	5 Paid for Accrued Interest Year To Date
9199999		XXX			

SCHEDULE DA - VERIFICATION
Short-Term Investments

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year.....	0	270,051
2. Cost of short-term investments acquired		0
3. Accrual of discount		0
4. Unrealized valuation increase (decrease).....		0
5. Total gain (loss) on disposals		0
6. Deduct consideration received on disposals		270,000
7. Deduct amortization of premium.....		51
8. Total foreign exchange change in book/adjusted carrying value.....		0
9. Deduct current year's other-than-temporary impairment recognized.....		0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9).....	0	0
11. Deduct total nonadmitted amounts.....		0
12. Statement value at end of current period (Line 10 minus Line 11)	0	0

Schedule DB - Part A - Verification
NONE

Schedule DB - Part B - Verification
NONE

Schedule DB - Part C - Section 1
NONE

Schedule DB - Part C - Section 2
NONE

Schedule DB - Verification
NONE

SCHEDULE E – PART 2 – VERIFICATION
(Cash Equivalents)

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year.....	4,224,580	1,170,375
2. Cost of cash equivalents acquired	2,073,358	7,291,445
3. Accrual of discount		0
4. Unrealized valuation increase (decrease)		0
5. Total gain (loss) on disposals.....		0
6. Deduct consideration received on disposals	5,276,481	4,237,240
7. Deduct amortization of premium		0
8. Total foreign exchange change in book/adjusted carrying value		0
9. Deduct current year's other-than-temporary impairment recognized		0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)	1,021,457	4,224,580
11. Deduct total nonadmitted amounts		0
12. Statement value at end of current period (Line 10 minus Line 11)	1,021,457	4,224,580

Schedule A - Part 2

NONE

Schedule A - Part 3

NONE

Schedule B - Part 2

NONE

Schedule B - Part 3

NONE

Schedule BA - Part 2

NONE

Schedule BA - Part 3

NONE

STATEMENT AS OF MARCH 31, 2021 OF THE Medical Associates Health Plan, Inc.

SCHEDULE D - PART 3

Show All Long-Term Bonds and Stock Acquired During the Current Quarter

1	2	3	4	5	6	7	8	9	10
CUSIP Identification	Description	Foreign	Date Acquired	Name of Vendor	Number of Shares of Stock	Actual Cost	Par Value	Paid for Accrued Interest and Dividends	NAIC Designation, NAIC Designation Modifier and SVO Administrative Symbol
Bonds - U.S. Special Revenue and Special Assessment and all Non-Guaranteed Obligations of Agencies and Authorities of Governments and Their Political Subdivisions									
54651T-BN-4	LOUISIANA ST TRANSP AUTH		01/07/2021	WELLS FARGO SECURITIES	XXX	225,000	225,000	0	1.E FE
56041M-VF-8	MAINE GOVERNMENTAL FACS AUTH LEASE RENT		01/21/2021	Raymond James	XXX	275,000	275,000	0	1.D FE
57563R-QK-8	MASSACHUSETTS EDL FING AUTH		01/13/2021	R W BAIRD & CO	XXX	288,654	270,000	396	1.C FE
87638Q-RF-8	TARRANT CNTY TEX CULTURAL ED FACS FIN CO		01/01/2021	Unknown	XXX	200,000	200,000	0	1.F FE
98851W-AN-3	YUMA ARIZ PLEDGED REV		01/13/2021	Legg Mason (STIFEL)	XXX	270,000	270,000	0	1.D FE
3199999 - Bonds - U.S. Special Revenue and Special Assessment and all Non-Guaranteed Obligations of Agencies and Authorities of Governments and Their Political Subdivisions						1,258,654	1,240,000	396	XXX
Bonds - Industrial and Miscellaneous (Unaffiliated)									
00206R-GU-0	AT&T INC		01/21/2021	HILLTOP SECURITIES	XXX	309,064	200,000	3,403	2.B FE
02665W-DW-8	AMERICAN HONDA FINANCE CORP		03/23/2021	Unknown	XXX	251,008	250,000	14	1.G FE
037833-CR-9	APPLE INC		03/23/2021	Unknown	XXX	328,866	300,000	3,573	1.B FE
039483-AM-4	ARCHER-DANIELS-MIDLAND CO		03/16/2021	HILLTOP SECURITIES	XXX	66,086	50,000	31	1.F FE
166756-AS-5	CHEVRON USA INC		03/19/2021	Raymond James	XXX	323,700	300,000	4,279	1.D FE
191216-CT-5	COCA-COLA CO		02/24/2021	HILLTOP SECURITIES	XXX	339,279	300,000	4,341	1.E FE
202795-HG-8	COMMONWEALTH EDISON CO		01/28/2021	MESROW	XXX	413,430	300,000	0	1.F FE
278865-BD-1	ECOLAB INC		03/26/2021	Unknown	XXX	327,918	300,000	3,223	1.G FE
440452-AF-7	HORMEL FOODS CORP		02/23/2021	Raymond James	XXX	297,225	300,000	1,110	1.F FE
459200-KA-8	INTERNATIONAL BUSINESS MACHINES CORP		03/16/2021	MESROW	XXX	327,894	300,000	3,588	1.F FE
478160-AL-8	JOHNSON & JOHNSON		02/23/2021	R W BAIRD & CO	XXX	477,763	360,000	4,950	1.A FE
68389X-BV-6	ORACLE CORP		03/11/2021	Raymond James	XXX	316,479	300,000	4,032	1.G FE
828807-DM-6	SIMON PROPERTY GROUP LP		02/10/2021	R W BAIRD & CO	XXX	300,681	300,000	385	1.G FE
911308-AB-0	UNITED PARCEL SERVICE INC		03/12/2021	Unknown	XXX	424,203	300,000	10,478	1.G FE
3899999 - Bonds - Industrial and Miscellaneous (Unaffiliated)						4,503,595	3,860,000	43,406	XXX
8399997 - Bonds - Subtotals - Bonds - Part 3						5,762,250	5,100,000	43,803	XXX
8399999 - Bonds - Subtotals - Bonds						5,762,250	5,100,000	43,803	XXX
9999999 Totals						5,762,250	XXX	43,803	XXX

E05

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Schedule DB - Part A - Section 1

NONE

Schedule DB - Part B - Section 1

NONE

Schedule DB - Part D - Section 1

NONE

Schedule DB - Part D - Section 2

NONE

Schedule DL - Part 1

NONE

Schedule DL - Part 2

NONE

Schedule DB - Part E

NONE

STATEMENT AS OF MARCH 31, 2021 OF THE Medical Associates Health Plan, Inc.

SCHEDULE E - PART 1 - CASH

[illegible]

SCHEDULE E - PART 2 - CASH EQUIVALENTS

[illegible]